

(SCHOOL LETTERHEAD)

Dear Parent/Guardian:

State law and health regulations require students to be properly immunized and provide verification to attend school, unless they are exempt.

Children attending school must be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella hepatitis B and varicella. All students are required to provide documentation that includes the month, day and year the vaccine was administered.

Immunization records for your child are incomplete and the below information outlines your child's immunization status. Please take this to your medical provider so your child can be properly immunized and attend school.

If your child has had the immunization(s) noted below, please send or bring a record from a medical provider no later than _____. Please call _____, with any questions.

Sincerely,

☐ **No immunization record on file - provide a complete immunization record.**

☐ **Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT, Td, Tdap)**

- ☐ Series incomplete. (Dose[s] needed _____).
- ☐ Last dose of (DTaP, DTP or DT) was received before fourth birthday (last dose was ____/____/____).
- ☐ Tdap needed for eighth, ninth and tenth grade entry.
- ☐ Tdap/Td - 10 year booster (last dose was ____/____/____).

☐ **Polio (IPV, OPV)**

- ☐ Series incomplete. (Dose[s] needed _____).
- ☐ Last dose of Polio was received before fourth birthday (last dose was ____/____/____).

☐ **Measles, Mumps and Rubella**

- ☐ Series incomplete. (Dose[s] needed _____ Measles immunization _____ Mumps immunization _____ Rubella immunization).
- ☐ Vaccination for Measles, Mumps and Rubella is required since initial vaccines were received before first birthday.

☐ **Hepatitis B**

- ☐ Series incomplete. (Dose[s] needed _____).

NOTE: Students who are 11-15 years of age may use the following as a guide for the 2-dose Merck Recombivax Hepatitis B vaccine schedule – Dose 1 on initial visit; Dose 2 on 4-6 months after Dose 1.

☐ **Varicella (Kindergarten, First, Second, Third, Fourth, Fifth, Sixth and Seventh Grade)**

- ☐ Series incomplete. (Dose[s] needed _____ or written statement from doctor of medicine (MD) or doctor of osteopathy (DO) indicating month and year of disease).
- ☐ Vaccination for Varicella is required since vaccine was received before first birthday.